




Somalia

Emergency type: Protracted; Covid-19, Floods, AWD Cholera, Measles

 **12.3M**
POPULATION

 **5.2 M**
P'LE IN NEED

 **2.6 M**
IDPS

 **6.3M**
FOOD INSECURE

 **1.03B US\$**
REQUESTED

HIGHLIGHTS

- Concerns over COVID-19 infections among health care workers
- Preparedness Planning for AWD/Cholera Outbreaks
- National Immunization Day campaign carried out

HEALTH CLUSTER

121 HEALTH CLUSTER PARTNERS
4 UN; 32 INGOs; 80 NNGOS AND 4 OBSERVERS
2.5 M TARGETED POPULATION

HEALTH ACTION



CONSULTATIONS

78,460 Consultations provided in Dec
2,267,687 Total # of consultations (Jan – Dec)

FUNDING (US \$) – FTS (FINANCIAL TRACKING SYSTEM)



HRP (Excluding COVID-19)
Requested: 55.7 M
funded: 18.1 M (32.5%)

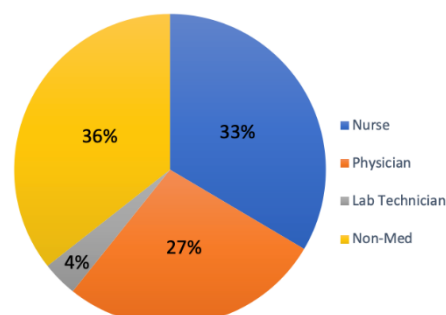
COVID-19
Requested: 47.6 M
Funded: 18 M (37.8%)

Total
Requested: 103.4 M
Funded: 36.1 M (34.9%)

COVID-19 UPDATE

Since COVID-19 outbreak was declared in Somalia, the greatest number of health care workers (HCWs) infected as of October 2020 were non-medical staff at 36% followed by nurses (33%), physicians (27%) and Lab technicians (4%). Factors contributing to infection among health care workers include: poor knowledge towards personal protection; inadequate personal protective equipment; poor practice on waste management and segregation system; lack IPC guidance communications materials in the facilities; lack of IPC training, especially for non-medical staff; poor IPC implementation measures/procedures for staff; lack of adequate hand washing facilities and decontamination supplies. Efforts aimed at reducing infection among HCWs include: developing IPC guidelines tailored for

Confirmed(%) HCWs Cases
by Occupation (N=191)



hardship areas; translation and distribution of IPC guidelines to all HCFs; provide training for HCWs on IPC; ensure strict adherence to guidelines; engage with HCF leadership to support IPC practices; regularly monitoring and evaluation of IPC data; adequate preparation for patient surge due to emergencies; and use of lessons learnt to invest in IPC continuity of practice.

AWD/Cholera

6,589 confirmed cases including 33 deaths, case fatality rate (CFR) 0.5 %, has been recorded from January to December 2020. The cholera cases spike occurred in at the start of February and June 2020. Historical trends for Cholera from 2018 and 2019 in comparison, have also shown the similar trends; there is a high likelihood that this will be the case in 2021.

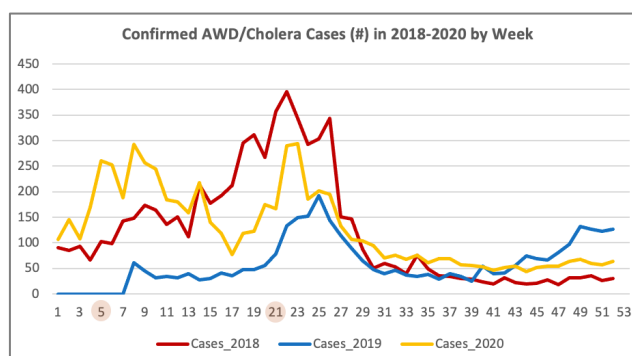


Table #1: Cholera Hotspot Districts

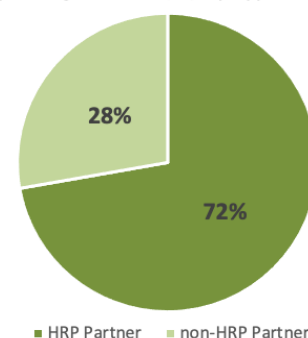
Region	District	Contributing factors
Bay	Baidoa	limited access to safe water and poor sanitation to IDP and host populations; flood affected resulting in stagnant water
Hiraan	BeletWeyne	flood major hotspot; limited access to safe water and poor sanitation especially for IDPs
	Jalalaqsi	Hard to reach area; limited access to safe water and poor sanitation especially for IDPs
Banadir	Khada	limited access to safe water and poor sanitation to IDP and host populations; flood affected (stagnant water).
	Daynile	
	Darkenley	
	Hodan	
	Madina	
Lower Juba	Kismayo	High number of IDPs and returnees
Middle Shabele	Jowhar	Flood affected
Lower Shabele	Marka	Flood affected

HeRAMS

HeRAMS platform is up for all States and Banadir in Somalia. 45 Partners have reported on 122 (7.3%) HCFs in the system; they are signed up to cover 437 HCF (27%) so far out of 1,632 HCFs listed across the country. Partners have identified 109 HCFs not already in the existing list; these were added. Our hurdle now is for partners in the system to complete their first entry; there will be another webinar to motivate this and clarify and questions with partners. The HeRAMS Team has developed a National “Core Coordination Team” (CCT) with the FMOH; and are working with PHEOs to establish CCTs in each State and Banadir. The CCT leads the training, and will lead data analysis and publishing when the time comes. The groups will be taking on cleaning of the HCF ‘master’ lists as one of their first priorities. The HeRAMS Team has held three training sessions; having trained 67 individuals as Workspace owners or data contributors. The Workspace owners have these materials to train their own data contributors as well. A monitoring dashboard is still under development.



Reporting Partners(%) by Type in 2020



National Immunization Day (NID)

As part of response efforts, WHO together with the FMoH and UNICEF, carried out a nationwide polio campaign from the 20-23rd of December 2020. Partners supported efforts to reach every child by ensuring that the health facilities they support offer routine immunization including injectable polio vaccine (IPV), at all times with Penta 3. During the campaign, partners coordinated with district and regional health authorities to ensure that stocks of polio vaccines, finger marker and documentation for vaccinating children were available. Any under-5 child presenting a HCF for any reason without a finger or toe mark for vaccination from this campaign, was provided with oral polio vaccine (OPV) or referred to the nearest vaccination team. By the end of the campaign, 2,810,798 children were reached representing 97.1% coverage of the target, with 1.5% being vaccinated for the first time. 477,460 were 0-11 months, 2,333,338 were 12-59 months.

According to the WHO EPI/Polio Report for epidemiological week 52, the most recent cVDPV2 [ES] case reported was on 24 October 2020, where 40 healthy children were sampled and 5 were positive for cVDPV2. All positive cases were from Borama District & Awdal region, in Somaliland. This ongoing isolation of poliovirus from both human cases & environment suggests continuing transmission of cVDPV2 among the population.

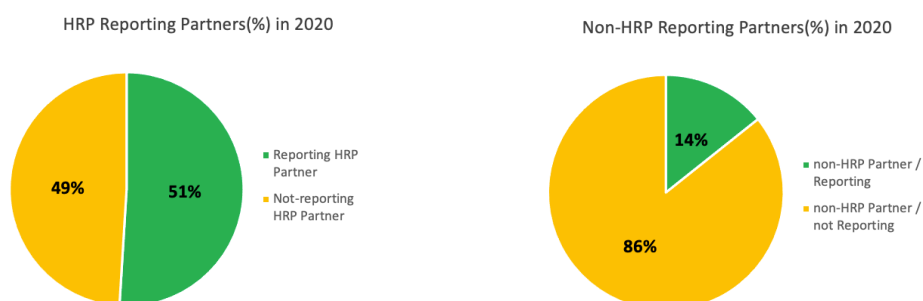
Measles

Throughout 2020 measles continued to be reported in Kismayo, from 02 March to the end of December Kismayo General hospital admitted 1,033 (under-5: 845) children with measles. Measles continues despite a vaccination campaign being completed in October, indicating still a very low immunization coverage in the area. Contributing to the low coverage rate is poor health seeking behavior in the community; along with lack of vaccination services outside Kismayo in areas that are mostly inaccessible due to security concerns, resulting in the recent campaign only targeting accessible villages within Kismayo.

2020 Reporting Performance

As of December 2020, the cluster has 121 partners: 81 NNGOs, 32 INGOs, 4 UN agencies, and 4 Observers. Among the 121 partners only 36 (30%) partners were reporting their 4Ws to the national Health Cluster via the ReportHub. Among the 36 reporting partners 26 (72%) are HRP partners and 10 (28%) are non-HRP Partners.

Out of the 121 Health Cluster partners, there are 51 HRP partners and 70 non-HRP partners. The reporting completeness among the HRP partners is higher than it is among the non-HRP partners:



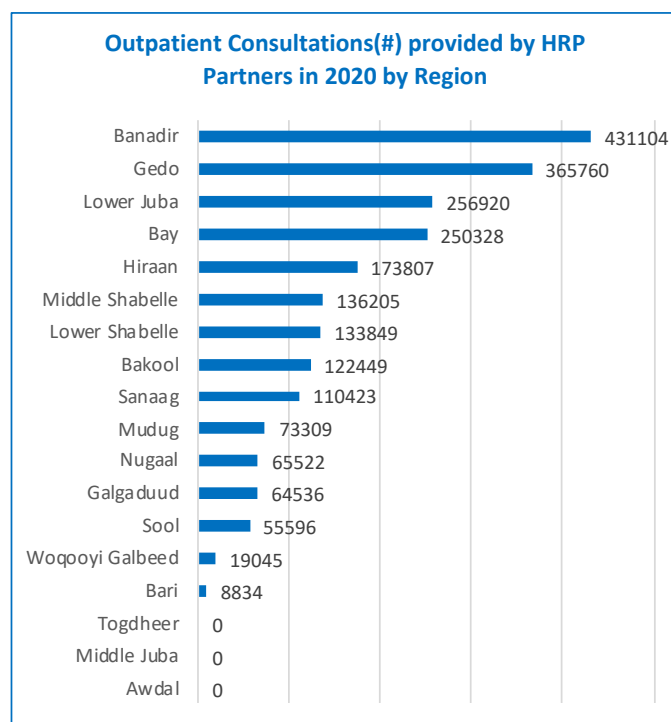
Early in 2021, the Health Cluster will be revising the 3W and monthly 4W reporting platform (ReportHub). Update will be made to the reporting interfaces to simplify the two reporting requirements for partners; aiming to improve reporting performance.

OPD Consultations Reported in 2020

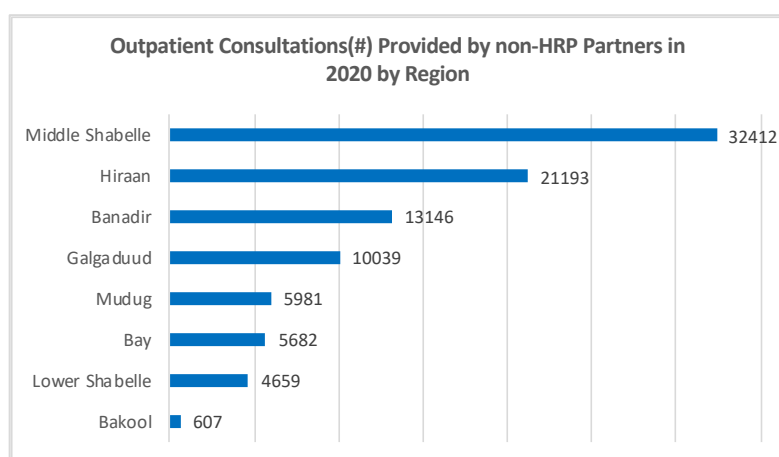
HRP partners provided 2,267,687 outpatient consultations across the country; with highest proportion of consultations (17%) provided in Banadir.

Region	Annual Target	Reached (#)	Reached (%)
Awdal	149,279	0	0%
Middle Juba	37,436	0	0%
Togdheer	166,395	0	0%
Bari	103,492	8,834	9%
Woqooyi Galbeed	220,216	19,045	9%
Sool	173,790	55,596	32%
Galgaduud	122,001	64,536	53%
Nugaal	90,358	65,522	73%
Mudug	121,724	73,309	60%
Sanaag	196,172	110,423	56%
Bakool	51,010	122,449	240%
Lower Shabelle	136,426	133,849	98%
Middle Shabelle	53,581	136,205	254%
Hiraan	82,988	173,807	209%
Bay	163,629	250,328	153%
Lower Juba	102,355	256,920	251%
Gedo	101,855	365,760	359%
Banadir	414,140	431,104	104%
Total	2,486,847	2,267,687	91%

Table #2: OPD Consultations by HRP partners in 2020



As well, non-HRP partners reported 93,719 consultations across eight (8) regions:



Contacts:

Cluster Coordinator
Craig Hampton
hamptonc@who.int

Cluster Co-coordinator
Dayib Ahmed
Dayib.ahmed@savethechildren.org

IMO
Onur Mavi
Omavi@immap.org

Cluster Support Officer
Matilda Kirui
kirui@who.int

Email: so.health@humanitarianresponse.info
subscribe to mailing list on: <http://eepurl.com/gW6Hc1>